



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

**EDUCATION**

**MEDICAID REIMBURSEMENT GUIDELINES FOR  
PARTICIPATING LOCAL EDUCATION AGENCIES (LEAs)**

REV. MARCH 2021

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## **I. General Overview**

The District of Columbia's Medicaid program allows for Medicaid reimbursement for medically necessary School-Based Health Services (SBHS) provided to Medicaid-eligible students who are between three and twenty-two years of age that are delineated in the District of Columbia's Medicaid State Plan Amendment (SPA). Medicaid reimbursement is only available to LEAs if all applicable Federal and State Medicaid requirements are met. The purpose of this guidance is to provide an overview of requirements for Medicaid claiming for SBHS.

Why is School Based Medicaid billing so important?

The school-based Medicaid program provides a means for schools to seek federal reimbursement for expenditures related to medically necessary school-based health services. There is a 70% (Federal)/30% (Local) shared financial match between the federal government and the District Government, unless otherwise advised by Department of Healthcare Financing (DHCF). Therefore, the school responsibility to financially match the costs to provide school based health services is 30 percent.

All schools who are enrolled in the Medicaid reimbursement program receive all reimbursement funding. All reimbursements are returned to the school's operating budget.

## **II. Roles and Responsibilities**

### ***Role of the Office of the State Superintendent of Education (OSSE), Division of Operations (OPS), Medicaid Recovery Unit (MRU)***

- **Technical Assistance:** OSSE offers LEAs technical assistance to facilitate their compliance with school based Medicaid requirements.
- **Compliance with Medicaid Requirements Pursuant to the Individuals with Disabilities Education Act:** OSSE is the state agency responsible for general oversight of District of Columbia schools' compliance with the requirements of the Individuals with Disabilities Education Act, 20 USC §1400 et seq. ("IDEA"). As such, OSSE is responsible for ensuring that LEAs comply with Medicaid –related requirements pursuant to IDEA Section 300.154. The LEA must ensure that its providers (clinicians and educational practitioners) meet all of OSSE's and the Department of Health's (DOH) licensure, certification, and other criteria to qualify as Medicaid providers of the Individualized Education Program (IEP) services for which Medicaid reimbursement is claimed.
- **Interagency Coordination to Facilitate Medicaid in LEAs:** OSSE supports the LEA through its ongoing collaboration with the District of Columbia Office of Health Care Finance (DHCF) and other partner agencies. OSSE oversees state-level administration of the District's School Based Medicaid Recovery program, including policy coordination with state and federal Medicaid agencies as well as general oversight and monitoring of the statewide vendors and participating LEAs.

- **Medicaid Claim Processing for Special Education Transportation:** OSSE is responsible for facilitation of claiming related to costs expended for special education transportation.

### ***Role of Department of Health Care Finance (DHCF)***

- The Department of Health Care Finance (DHCF) is the District of Columbia's state Medicaid agency.
- The mission of the DHCF is to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare services for residents of the District of Columbia.
- In this role DHCF ensures ongoing compliance with the District's SPA related to the delivery of SBHS that qualify for Medicaid reimbursement.

### ***Role of the Local Education Agency (LEA)***

- The LEA must ensure that its related service providers (ex. clinicians and practitioners) meet all of OSSE's and DOH's licensure, certification, and other criteria to qualify as Medicaid providers of the IEP services for which Medicaid reimbursement is claimed.
- The LEA must obtain a one-time signed consent from the parent/guardian that meets the March 18, 2013 IDEA Part B requirement of 34CFR 300.154(d). For the LEAs convenience OSSE has a sample consent form, "Notification Regarding Access to Public Benefits and Consent for Medicaid Reimbursement" that can be used to submit claims to Medicaid for health related services prescribed and authorized in the student's IEP. ([See Appendix A](#)). If the LEA chooses to use OSSE's "Notification" form, this form will serve as the one-time consent and the parent notification. All signed parental consent forms must be uploaded into the student's record in the Special Education Data System (SEDS) maintained by OSSE. The form must be retained for audit purposes. It is recommended that LEAs include OSSE's Notification Regarding Access to Public Benefits and Consent for Medicaid Reimbursement form in the enrollment process and at annual IEP meetings.
- New Parental Consent Forms must be signed if a student transfers to a new LEA.
- New Parental Consent Forms must be obtained in cases where the IEP is revised to include additional types or a change in frequency of services.
- The LEA must provide services that are listed in the student's IEP regardless of whether the services are Medicaid-covered and can be billed to Medicaid.
- The LEA must safeguard student records in accordance with the Federal Family Educational Rights and Privacy Act (FERPA) and applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA).

### **III. General Requirements for LEA Participation in Medicaid Reimbursement**

#### ***1. Provider Enrollment***

To be eligible for Medicaid reimbursement for SBHS, an LEA must first apply to DHCF to become a Medicaid provider. To enroll as a Medicaid provider, the LEA must enter into a provider contract, by completing the online application.

#### **Application Overview**

To become certified and enrolled as a Medicaid provider, the LEA must complete the following steps:

##### **Step 1- Obtain a National Provider Identifier (NPI)**

- What is the National Provider Identifier (NPI)? It is a 10-digit provider number mandated by the Federal Government to be used on all healthcare billing related transactions to identify healthcare providers.
- How does a provider get an NPI? By applying at the National Plan and Provider Enumeration System (NPPES) at <https://nppes.cms.hhs.gov/NPPES> or by calling 1-800-465-3203.

Step 2 – Complete the Medicaid provider enrollment application in its entirety. The application process is entirely online. DHCF processes applications with 30 business days of the submission of a complete application.

To enroll:

Before beginning the enrollment process:

- Ensure the LEA Medicaid provider has an NPI
- All LEA Medicaid providers must have and maintain, liability insurance of \$1M per occurrence and \$3M general aggregate.

The online enrollment process:

- Go to [www.dcpdms.com](http://www.dcpdms.com) create an account, and select “standard application” type.
- You will need to include the Group/facility Employer Identification Number (EIN)

If additional information is needed or missing, the application will be returned to the LEA provider. If everything is in order, DHCF will review and process. Additional resources can be found here: <https://www.dcpdms.com/Resources.aspx>

#### ***2. Participation in the Random Moment Time Study (RMTS)***

An LEA Medicaid provider must participate in the quarterly, statewide Random Moment Time Study (RMTS) in order to be eligible to receive reimbursement from the Medicaid direct service claiming program. The RMTS model is used to measure the percentage of time that qualified staff spends implementing Medicaid-reimbursable activities by sampling and assessing randomly

selected 'moments' of the workday. The responses to these 'moments' are then tallied and averaged for the quarter.

### ***LEA Responsibility***

- Each LEA provider must identify a staff-member to serve as the on-site RMTS coordinator at the school.
- The RMTS coordinator is responsible for submitting quarterly updated staff rosters, supporting documentation for the study, and ensuring an adequate response rate among the sampled staff.
- Each staff member sampled must include a detailed description of the activity they are performing during the sampled moment.
- An **85 percent** response rate of the RMTS sample moments received, is **required** from each LEA provider in order to be able to submit claims for the quarter.

### ***How Does RMTS Work?***

The RMTS is based on 'moments' that are equal to one minute:

- Each 'moment' is randomly assigned.
- Participants are asked to document their activity during that assigned moment.
- Participants must respond in a timely manner in order for the response to count toward the overall District response rate.

Specifically, the RMTS questionnaire asks:

1. Were you working during your sampled moment?
2. Who was with you?
3. What were you doing? Please be as specific as possible.
4. Why were you doing this activity?
5. Is this activity regarding a Special Education student?
6. Is the service you provided part of the child's IEP?

Due to the random nature of the moment assignment, a participant may be selected once or more in a single calendar quarter or not at all. Participating staff typically spend approximately five minutes or less to complete the 6-question time study tool. An accurate and candid response from the participant is critical to a successful and valid time study.

### ***RMTS Calendar***

The sampling period is defined as the same three-month period comprising each quarter of the calendar:

- First Quarter: October 1-December 31
- Second Quarter: January 1-March 31
- Third Quarter: April 1-June 30
- Fourth Quarter: July 1-September 30

### **3. Medicaid Claiming Requirements**

Participating LEAs are responsible for ensuring that the following steps are taken for Medicaid claiming purposes:

- Identifying students receiving special education services who are Medicaid-eligible
- Provide parent/guardian annual written notification before accessing child's or parent's public benefits
- Obtaining one-time parental consent to claim for eligible services and filing documentation in each student's record in SEDS
- Ensure related service providers are properly licensed and current.
- Providing annual training to qualified related service providers regarding Medicaid claim requirements and RMTS participation
- Notifying qualified related service providers of the students on their caseloads who are eligible for Medicaid
- Checking to ensure that each service claimed is specified in the child's IEP
- Ensuring that authorization is secured for all services prior to submitting claims
- Assisting in the identification of additional Medicaid-eligible children as they enter the school system or become eligible for special education services.
- Maintaining confidentiality for students in accordance with all applicable laws

A claim can be rejected for a variety of reasons, including but not limited to:

- Incomplete or incorrect documentation (e.g., missing signature, illegible signature, missing or incorrect date, duration, and location of service)
- Submission of a claim past a billing deadline
- Ineligibility for Medicaid during the dates of service
- Missing progress notes for dates of service
- Lack of documentation of appropriate related service provider qualifications (license and NPI)

### **4. Cost Reports**

Each fiscal year, DHCF requires LEA Medicaid providers to provide cost reports for cost reconciliation and settlement purposes. DHCF must ensure that payments for the administration and delivery of services to Medicaid recipients are accurate and efficient in order for those services to be reimbursed on a reasonable cost basis. These reports show all the costs related to Medicaid reimbursable services, including contracts and staff salaries related to administration of the program.

The cost reports are essential for determining any future changes in the rates attached to the related services covered by Medicaid.

## 5. *Audits*

Each year, DHCF conducts an audit on LEA Medicaid Provider. Auditors will review all the necessary documentation related to a sample of Medicaid claims, including student attendance data, IEPs, consents to bill, timesheets for providers, provider licenses and documentation of services. The auditors select a sample of claims that the agency is required to provide all related documentation. Lack of documentation can result in disallowances, meaning that funds previously reimbursed to the agency for services in that fiscal year will be pulled back from that agency.

# IV. Ensuring LEA Compliance with Medicaid Documentation Requirements

## 1. *Parental Consent*

In addition to obtaining informed written parental consent for an initial evaluation, re-evaluation, and provision of services via an IEP, federal law requires that LEAs obtain a one-time informed written parental consent from the parent or guardian of a student prior to disclosing personally identifiable information from education records, including health information, for the purposes of claiming for Medicaid reimbursement. OSSE has issued a revised Notification Regarding Access to Public Benefits and Consent for Medicaid Reimbursement form that LEAs must use to comply with the new Federal IDEA Part B regulations, in 34 CFR 300.154 (d) that was effective March 18, 2003. ([See Appendix A](#)).

Please note that if at any point new services are added to a child's IEP, or the IEP team decides to increase the scope or frequency of services in the IEP a "new" parent consent for billing form will be required.

The original signed copies of all parental consent forms for students should be maintained by the LEA in SEDS as part of the student's educational records. If a one-time consent is obtained for a student by an LEA and the student subsequently transfers to a different LEA, the receiving LEA must obtain a new one-time consent before accessing the student's Medicaid benefits. Medicaid will not reimburse for services if LEAs fail to provide the necessary consent forms for each eligible student receiving SBHS.

## 2. *Eligible Service Requirements*

Medicaid reimbursement can be sought for related service assessments and delivery as specified in the SPA for SBHS. However, in order to receive reimbursement for these services, they must be documented on the student's IEP. Input from referrals and/or recommendations (depending on the type of service) by a physician or other licensed health care practitioner within the scope of his or her practice under state law can also be considered by the IEP Team. The section below entitled "Covered Services and Practitioner Qualifications" contains a detailed overview of requirements for each type of service, as well as licensure requirements for related service providers.

There are several ways that LEAs can comply with this requirement. ***Note, however, that an LEA's inability to obtain appropriate documentation to meet this requirement should not under any circumstances delay or prevent the delivery of services required in a child's IEP. However, LEAs that cannot demonstrate appropriate provider credentials will not be eligible to receive reimbursement under Medicaid for services rendered by those providers.***



LEAs can use the following methods for eligible service requirements. In all cases, eligible service requirements must specify the amount, scope and duration of the services recommended:

- During the initial school-based evaluations for eligibility convened in accordance with the IDEA, a group of qualified professionals (The IEP Team) is convened as required by IDEA, DCMR, OSSE policies. The group's recommendations for specific assessments and related services are reviewed and authorized by appropriately qualified service providers acting within the scope of their practice under state law, using OSSE's SBHS Authorization Form<sup>1</sup> ([See Appendix D](#)) along with OSSE's Medicaid Authorization Form ([See Appendix A](#)).
- During a child's physical examination by a physician, the child's physician provides a prescription/referral/recommendation for specific assessments or related services that is given to the IEP team for their consideration as they develop or amend the IEP.

LEAs should keep all documentation relating to eligible service requirements (including the signed document serving as the IEP/prescription/recommendation/referral and copies of the providers' licenses) as part of a student's educational record in SEDS. Records must be retained in accordance with FERPA and HIPAA.

For additional information or to learn more about FERPA please see:

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

For additional information or to learn more about HIPAA, please see:

<http://www.hhs.gov/ocr/privacy>

### **3. Related Service Provider Qualifications**

Medicaid reimbursement is available to an LEA only for services provided by practitioners who are qualified to provide such services under federal and District law as of the date of service. In some cases, practitioners who do not meet federal and District requirements may provide services for which an LEA may seek reimbursement, provided they are appropriately supervised by practitioners who meet such requirements. Federal and District requirements for providers, as well as documentation requirements for provider qualifications and supervision of unlicensed providers, are described in more detail below under "Covered Services and Practitioner Qualifications".

### **4. Service Documentation Requirements**

LEAs are responsible for maintaining in a student's file records that fully document the basis upon which a claim for Medicaid reimbursement is made. Documentation required to substantiate a claim for reimbursement includes:

- The student's complete IEP (with relevant provider signatures as required to meet prescription/referral/recommendation requirements);

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<sup>1</sup> This authorization can occur either during the Eligibility Determination or IEP meeting or after the meeting, via a centralized review process. However, authorization must occur prior to claiming, and any changes to scope, amount or duration require reauthorization.

- All evaluation reports (with relevant provider signature as required to meet prescription/referral recommendation requirements);
- Service encounter documentation;
- Progress notes;
- Billing records; and
- Credentials for related service providers.

It is the responsibility of the LEA Medicaid provider to ensure that all related service contractors document services appropriately, have the related service provider licensure requirements, and maintain the required records.

### ***5. Records Retention***

LEAs must maintain all service and financial records, supporting documents, and other records relating to the delivery of services reimbursed by Medicaid for at least six (6) years from the date of service. All records must be retrievable and made available upon audit.

## V. Billing Medicaid for Services

For LEAs to bill Medicaid for covered services, the following requirements must be met:

1. The student receiving the service must be enrolled in the Medicaid program.
2. The student must qualify for services under the IDEA.
3. The student must have an IEP.
4. The services must be specified in the IEP and/or assessments/evaluations.
5. The services must be furnished by related service provider who meets Medicaid-qualified provider criteria and who is qualified to provide the service under applicable State licensure or certification requirements and have an NPI.
6. The LEA must obtain a one-time signed parental consent to bill Medicaid for covered IEP services provided to the student.

### 1. *Covered Services and Related Service Provider Qualifications*

In order for services to qualify for reimbursement by the School-Based Medicaid program, the following requirements apply:

- **IDEA/IEP:** Services must be documented in the student's Evaluation Report, IEP and/or assessments and evaluations.
- **Covered Services:** Services must be one of the services outlined in the District's SPA.
- **Related Service Provider Qualifications and Supervisory Requirements:** Services must be provided by qualified service providers. In certain cases, supervisory requirements apply.
- **Authorization of Services:** Authorization of services must be appropriately documented.

As stated above, LEAs may bill Medicaid for providing medically necessary SBHS to students. To be reimbursable, services must be properly documented and provided by or under the supervision of appropriately licensed professionals as described below.

[Appendix C](#) contains a chart outlining specific licensure and supervised practice requirements. LEAs should refer to this chart to ensure that they are following federal and state rules on provider qualifications and supervised practice.

Medicaid covered SBHS in the District of Columbia include:

- Audiology;
- Behavioral Supports (Counseling Services);
- Nutrition Services;
- Occupational Therapy;
- Orientation and Mobility Services; Psychological Evaluation;
- Physical Therapy;
- Psychological Evaluation;
- Skilled Nursing;
- Specialized Transportation; and
- Speech-Language Pathology.

**a. Audiology**

Audiology services covered include special education related services and screenings necessary for identifying and treating a child with hearing loss.

In order to qualify for Medicaid reimbursement, audiology services must be recommended by a physician or an audiologist who meets DOH licensure requirements.

Audiology services must be provided by, or under the supervision of, an audiologist who meets OSSE and/or DOH licensure requirements.

**b. Behavioral Supports (Counseling Services)**

Covered services include screenings and services provided by, or under the supervision of, **social workers, psychologists, guidance counselors**, or other qualified personnel in accordance with the following state standards:

- Social Workers – DOH and/or OSSE licensure requirements;
- Clinical Psychologist – DOH licensure requirements
- School Psychologist – DOH License, or an OSSE Certification for LEA Employees only. Please note: the DOH licensure exemption for this provider type only applies if the provider is solely employed by an academic institution.
- Guidance Counselor – DOH and/or OSSE licensure requirements.

In order to qualify for Medicaid reimbursement, behavioral support services must be recommended by a physician, clinical social worker, professional licensed counselor, or clinical psychologist who meets DOH licensure requirements.

**c. Nutrition Services**

Covered services include services and screenings relative to a medical condition that are provided by or under the supervision of a dietitian who meets DOH licensure requirements.

In order to qualify for Medicaid reimbursement, nutrition services must be recommended by a physician or a dietitian who meets DOH licensure requirements.

**d. Occupational Therapy**

Covered services include special education related services and screenings intended to improve and prevent initial or further loss of function that are provided by qualified occupational therapists or occupational therapy assistants or aides<sup>2</sup> under the supervision of qualified occupational therapists. Occupational therapists are qualified if they meet DOH licensure requirements for practicing occupational therapy.

In order to qualify for Medicaid reimbursement, occupational therapy services must be recommended by a physician or occupational therapist who meets DOH licensure requirements.

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<sup>2</sup> OT Aides are not DOH licensed providers but to the extent SBHS are provided by properly supervised OT Aides, the SPA allows LEAs to bill Medicaid for those services.

**e. Orientation and Mobility Services**

Covered services include services and screenings that enable blind or visually impaired children to gain systematic orientation to, and safe movement within, their school environment. Providers must be certified as Orientation and Mobility Specialists pursuant to 42 C.F.R. §440.130(d).

**f. Physical Therapy Services**

Covered services include special education related services and screenings provided by or under the supervision of a qualified physical therapist. Physical therapists are qualified if they meet DOH licensure requirements.

In order to qualify for Medicaid reimbursement, physical therapy services must be recommended by a physician or physical therapist who meets DOH licensure requirements.

**g. Psychological Evaluation**

Covered services include services and screenings provided by or under the supervision of qualified psychologists. Providers must meet the following state standards, or be supervised by providers who meet state standards:

- Clinical Psychologist – DOH licensure requirements;
- School Psychologist – OSSE licensure requirements.

Please note: the DOH licensure exemption for this provider type only applies if the provider is solely employed by an academic institution.

In order to qualify for Medicaid reimbursement, psychological evaluations must be recommended by a physician, or clinical psychologist who meets DOH licensure requirements.

**h. Skilled Nursing**

Covered services include services and screenings rendered by or under the supervision of qualified practitioners. A practitioner is qualified if he or she meets DOH licensure requirements. These services include the administration of physician ordered medications or treatments to qualified children who require such action during the school day in accordance with their IEP.

In order to qualify for Medicaid reimbursement, skilled nursing services must be recommended by a physician or nurse who meets DOH licensure requirements.

**i. Specialized Transportation**

Covered services include transportation services that are designed to provide home-to-school-to-home transport for students with IEPs who receive a school-based health service. Transportation services should only be claimed when specialized transportation service is

included in a child's IEP, and a child has a specific school-based health service on the date that the transportation service is provided.

There is no prescription/referral/recommendation requirement for specialized transportation, other than inclusion of the service on the IEP.

#### j. **Speech-Language Pathology**

Covered services include service and screenings provided to eligible children by or under the supervision of a qualified speech-language pathologist. A speech-language pathologist is qualified if he or she meets OSSE and/or DOH licensure requirements.

#### **Documentation Requirements for School Based Health Services**

In order to qualify for Medicaid reimbursement, related services must be recommended by a physician who meets OSSE licensure requirements.

Documentation must be completed for all Special Education health-related Medicaid covered services provided to Medicaid-eligible children. Services provided by assistants must be supervised by a licensed professional, and the documentation must be co-signed by the supervising, licensed professional in accordance with the supervisory requirements for the provider type.

Documentation is required each time a Medicaid service is delivered to a student. Each LEA should establish a Medicaid billing process that ensures that all supporting documentation satisfies all requirements necessary for Medicaid billing and allows for Medicaid claims to be completed and submitted timely. Please contact OSSE, MRU if technical assistance is needed.

LEAs are responsible for maintaining in a student's file records that fully document the basis upon which a claim for Medicaid reimbursement is made. Documentation required to substantiate a claim for reimbursement includes:

- The student's complete IEP (with relevant provider signatures as required to meet prescription/referral/recommendation requirements);
- All evaluation reports (with relevant provider signatures as required to meet prescription/referral recommendation requirements);
- Service Log & Tracker (service encounter documentation);
- Progress notes;
- Billing records; and
- Practitioner credentials for related service providers.

The following data elements are required as part of the service documentation.

- **School District Name/Provider Number:** Name of the school district where services are provided and the provider number used to bill the Medicaid program
- **Student Name:** Student's complete legal name
- **Date of Birth:** Student's complete date of birth
- **Student Medicaid Number:** Student's Medicaid identification number
- **Date:** The date a Medicaid service is provided to a student
- **Type of Service and specific services provided:** see list of Medicaid approved services

- **Student's progress toward specified clinical objectives:** Dated and signed notes that document the degree of measurable progress toward student treatment goals and objectives. These notes should be a 1-2 sentence summary related to the specific therapy session.
- **Activity/Procedure Note:** A written description of the service provided to the student. This must document the extent and duration of the medical service provided.
- **Service Setting (Group/Individual):** Indicate if the student received services on an individual basis or in a group setting
- **Service Time:** The quantity of service provided to the student. This should be recorded as an amount of time (example: 20 minutes). This can capture the cumulative time the provider spent delivering services over the course of the day
- **Name and clinical discipline of service provider**
- **Signatures:** The signature of the medical professional providing services must comply with generally accepted standards for record keeping within the applicable provider type as they may be found in laws and regulations of the relevant board of registration. Related service providers whose services require supervision must have documentation co-signed in accordance with the applicable standards for the provider type.

## APPENDICES



## **APPENDIX A: Local Education Agency (LEA) Guidance: Completing the Notification Regarding Access to Public Benefits and Consent for Medicaid Reimbursement Form**

Pursuant to the Individuals with Disabilities Education Act (IDEA), Local Education Agencies (LEAs) may seek Medicaid reimbursement for Medicaid-related health-care services when 1) they are provided to a Medicaid-eligible student in accordance with the student's Individualized Education Program (IEP) and 2) parents have provided consent to claim for reimbursement.

To support LEAs in accessing these funds, OSSE has developed a standardized parent consent form for the purpose of claiming for Medicaid reimbursement. This form, which is attached, will also be made available in the Special Education Data System (SEDS). The Division of Specialized Education (DSE) has developed guidance for LEAs to assist in the use of the form. Questions regarding this document may be referred to DSE, at (202) 741-6412.

### **DIRECTIONS FOR COMPLETING THE FORM**

1. Appropriate uses of the form:
  - a. In order to submit valid claims for Medicaid billable health related services, LEAs must have a signed copy of the OSSE form faxed into the student's record in SEDS covering the period for which services are being billed. No other signature form will be considered valid.
  - b. The parent's signature remains valid unless revoked by the parent/guardian in writing. However, the parent's signature also provides the LEA with consent to seek Medicaid reimbursements for IEP services that occurred within two years prior to this date.
  - c. PLEASE NOTE: claiming for past rendered services can only occur:
    - i. When the services are documented on the consent form and a parent signature is obtained
    - ii. For services provided AFTER the LEA became a Medicaid provider
  - d. LEAs must establish procedures for routinely presenting the form to parents to ensure that parents have an opportunity to provide or decline consent on an annual basis and each time services change on the IEP (LEAs may choose to obtain consent at the time of annual review, beginning of school year, etc.).
  - e. LEAs must also establish procedures to determine the personnel who will be responsible for maintaining accurate records related to the Notification Regarding Access to Public Benefits and Consent for Medicaid Reimbursement Form and ensuring compliance with underlying documentation related to Medicaid claiming requirements.

- f. LEAs should make an attempt to obtain consent for any student with Medicaid billable health services on his or her IEP and for whom the LEA will process claims for Medicaid services.
2. Steps for completing the form and documenting information in SEDS([see Appendix B](#)):
  - a. Obtain a copy of the Notification Regarding Access to Public Benefits and Consent for Medicaid Reimbursement Form from the Main Menu in SEDS. Users may save a PDF version of the document (Tip: be sure to check the SEDS main menu prior to each use to ensure the most updated version is utilized).
  - b. Complete all information on the form by hand, including: LEA name, student name, student local ID, student state ID and student Medicaid ID (if available) prior to presenting to parent for signature.
    - i. Note: the State Code, or Unique Student Identifier (USI), is a 10 digit ID code that may be obtained in SEDS. All students have an assigned USI. This value is required. The local ID is a 7 digit ID code that is assigned to only some students and can also be found in SEDS. This field is optional and is only used for reference purposes for LEAs that choose to use it.
    - ii. The signed form is a one-time consent that will remain in effect until revoked in writing by parent/guardian or unless there is a change in services. Upon expiration, a new signed form is required in order to file valid claims for Medicaid billable services.
  - c. See directions for using SEDS functionality to enter Medicaid consent information in [Appendix B](#).
3. For additional support:
  - a. Contact the OSSE MRU for questions or support related to the use or requirements of the form.
  - b. Contact the OSSE Applications Call Center (202) 719-6500 for questions or support related to documentation of the form in SEDS.

## **Notification Regarding Access to Public Benefits and Consent for Medicaid Reimbursement**

The Local Education Agency (LEA) and The Office of the State Superintendent of Education (OSSE) are eligible to receive federal Medicaid reimbursement for certain health related services provided to your child when the services meet state Medicaid requirements and are provided in accordance with your child's Individualized Education Plan (IEP). These services may include any of the following:

- |                                   |  |   |
|-----------------------------------|--|---|
| • Audiology Services/Assessment   | • Orientation and Mobility Services/Assessment | • Speech-Language Pathology Services/Assessment |
| • Behavioral Support Services     | • Physical Therapy Services/Assessment         | • Special Education Transportation Services     |
| • Nutrition                       | • Psychological Evaluation                     |   |
| • Occupational Therapy/Assessment | • Skilled Nursing Services                     |   |

A claim containing personal information about your child must be submitted to the Department of Health Care Finance (DHCF) in order to receive reimbursement. DHCF will not be allowed to use this information for any other purpose and will be required to keep this information confidential. The Family Educational Rights and Privacy Act (FERPA) requires that your written consent be obtained to share or disclose personally identifiable information from your child's educational records. In addition, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) requires your written consent in order to bill for Medicaid-eligible health related services provided to your child. By completing and signing this form, you will help meet these consent requirements.

### **Rights**

- The District will not require you to enroll in Medicaid in order for your child to receive special education services.
- The District will not require you to incur out-of-pocket expenses incurred in filing a claim for services. The District may pay the cost that you would otherwise be required to pay.
- The District will not use Medicaid if that use would: (1) Decrease the available lifetime coverage or any other insured benefit; (2) Result in any cost to your family; (3) Increase premiums or lead to the discontinuation of benefits or insurance.
- You are not required to provide your consent, and your refusal to do so will not prevent your child from receiving special education services at the expense of the District.
- Upon written request, you or your child may receive a copy of the information shared with DHCF.

### **Parental Consent**

By signing below, I voluntarily give the LEA and OSSE my consent to share with DHCF my child's name, primary address, date of birth, social security number, Medicaid number, IEP, and all information about health related services provided to my child, the dates and frequency of the services provided, and special education assessments and evaluations related to my child. I also authorize the release of this information to state and/or federal Medicaid representatives for the purpose(s) of determining eligibility and/or completing audit/review requests. I understand and agree that OSSE and my child's LEA may access my or my child's Medicaid benefits to pay for services in my child's IEP. I understand that this consent is valid and will remain in effect until I revoke it in writing and that I may revoke this consent at any time. If I do revoke consent, my previous consent is still valid regarding all information shared prior to my revoking consent. In addition to providing consent for services provided after the date of my signature, I also grant consent to OSSE and the LEA to seek Medicaid reimbursements for IEP services that occurred within two years prior the date of my signature that have not already been submitted.

CONSENT FOR MEDICAID REIMBURSEMENT (please check the appropriate box below)

- ☐ I am providing consent as indicated by my signature below
- ☐ I am providing consent if my child becomes Medicaid eligible in the future as indicated by my signature below
- ☐ I decline to provide consent to bill for Medicaid reimbursable services

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Local ID

\_\_\_\_\_  
Student State ID

\_\_\_\_\_  
Student Medicaid ID (if available)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Local Education Agency Name:** \_\_\_\_\_

## APPENDIX B: Documenting Parental Consent to Bill Medicaid

### Special Education Data - System (SEDS) Update April 2021

- OSSE Medicaid Parental Consent Form

Current process for documenting Medicaid Parental Consent uses **EasyFax** to attach the signed consent form and create a Medicaid Parental Consent event.

#### Key Issues:

- Access to fax machines
- Consideration for current conditions
- Attached documents do not create events

- Manually Create the Medicaid Consent Event

#### Steps:

- Select student and navigate to the **Personal Page**
- Access is restricted by user type
- Navigate to the bottom of the page, **Parental Consent** to bill Medicaid Services
- Add the appropriate signature date and begin date

- Confirm the Medicaid Consent Event

#### Steps:

- Confirm the **Signature Date** and **Parent Response** from the dropdown menu
- Use **Signature Date** and **Medicaid Begin date**, when dates are **not the same**.

- Update the Database to **save all changes**

- Medicaid Consent Event – Student History Page

Steps:

- Confirm that the Medicaid Parental Consent event appears on the **Student History** page
- Notice there is **no document** attached
- User must create a place for storing the signed document

| Event ID | Event Date* | Event Type (transferred from)       | Begin Date | End Date | User         | Document | Date Created              |         |
|----------|-------------|-------------------------------------|------------|----------|--------------|----------|---------------------------|---------|
| 97573    | 01/14/2021  | Medicaid Parental Consent (Overall) | 01/14/2021 |          | Rita Larkins |          | 04/09/2021 10:40 (3 days) | Details |

- OSSE Medicaid Consent Cover Sheet

Steps:

- Select the **OSSE Medicaid Parental Consent Form Cover Sheet**.
- Scroll down to the bottom of the page and click **Create Final Document**.

- Documents Page

Steps:

- On the **Documents page**, see OSSE Medicaid Parental Consent Form Cover Sheet document
- To attach the signed consent form, navigate to the bottom of the screen and click **Upload External Attachments.**

Documents created for Cathy Training1 (School Year: 2020-2021)

| Del                      | Doc ID | Date Generated | Document  | Batch | Received                 |
|--------------------------|--------|----------------|---|-------|--------------------------|
| <input type="checkbox"/> | 50426  | 04/08/2021     | OSSE Medicaid Parental Consent Form Cover Sheet | PDF   | <input type="checkbox"/> |

An 'E' in the 'Del' column indicates that the document is associated with an Event. A 'C' in the 'Del' column indicates that the document is associated with a Parent Contact. In either case, the document can't be deleted until the associated event or contact is deleted. An 'A' in the 'Del' column indicates that the document is associated with another Document and it will be deleted when the associated document is deleted.

(1 Document)

Update the Database View Document Batch

Upload External Attachment(s)

Change Fax Labels

- Attach the signed Consent Form

Steps:

- To associate the attachment with the correct document, select the **OSSE Medicaid Parental Consent Form Cover Sheet**
- At the bottom of the screen, upload the signed Medicaid consent form, **from desktop or file share**, assigning a name for the document, and clicking **Upload File.**
- The file will be saved in the system as an **attachment to the OSSE Medicaid Parental Consent Form Cover Sheet** on the **Documents tab.**

File Name (if not provided the file name will be used)

Choose File Testing Med...t Form.docx Testing Medicaid Consent Form

Upload File

| Doc ID  | Date Generated | Document  | Batch | Received                 | Del                      | Attachment                    | Batch Attachment | Date Received |
|---------|----------------|---|-------|--------------------------|--------------------------|-------------------------------|------------------|---------------|
| 6292803 | 04/12/2021     | OSSE Medicaid Parental Consent Form Cover Sheet | PDF   | <input type="checkbox"/> | <input type="checkbox"/> | Testing Medicaid Consent Form |                  | 04/12/2021    |



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**EDUCATION**

**APPENDIX C: Medicaid School Based Health Services Provider Qualification Requirements**

| Provider Type               | Provider Type Abbreviation | Employee License Requirements |         | Contractor License Requirements |         |
|-----------------------------|----------------------------|-------------------------------|---------|---------------------------------|---------|
|                             |                            | DOH                           | OSSE    | DOH                             | OSSE    |
| Audiologist                 | AUD                        | X (or)                        | X (or)  | X                               |         |
| Occupational Therapist      | OT                         | X                             |         | X                               |         |
| Physical Therapist          | PT                         | X                             |         | X                               |         |
| Psychiatrist                | PSY                        | Unknown                       | Unknown | Unknown                         | Unknown |
| Psychologist                | PSY                        | X (or)                        | X (or)  | X                               |         |
| School Counselors           | SC                         | X (or)                        | X (or)  | N/A                             |         |
| Skilled Nursing             | RN                         | X                             |         |                                 |         |
| Social Workers              | SW                         | X (or)                        | X (or)  | X                               |         |
| Speech-Language Pathologist | SLP                        | X (or)                        | X (or)  | X                               |         |
| Nutrition                   | RD                         | X                             |         | X                               |         |
| Orientation and Mobility    | OM                         | Suggest NOMC or ACVREP        |         | Suggest NOMC or ACVREP          |         |



**APPENDIX D: School Based Health Service Authorization Form**

Student Name: \_\_\_\_\_

STARS ID: \_\_\_\_\_

Attending School: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

USI: \_\_\_\_\_

LEA: \_\_\_\_\_

Primary Educational Disability: \_\_\_\_\_

By signing below, I affirm that I have reviewed the IEP and have certified whether the health-related services and assessments below meet the unique needs of the student's disability by correcting or ameliorating defects of physical or mental illnesses or conditions. I have only provided certification for the services for which I am authorized.

| Qualified Provider Name                       | Provider Signature | Date | For the IEP effective ____/____/____ |   |  |                        |
|---|--------------------|------|--------------------------------------|---|--|------------------------|
|   |                    |      | UNITS<br>(Number of<br>Sessions)     | DURATION<br>(Length of Each<br>Session) | FREQUENCY<br>(Daily, Weekly,<br>Monthly, Yearly) | Certified?<br>(Yes/No) |
| Audiology Services/Assessment                 |                    |      |                                      |   |  |                        |
| Behavioral Support Services                   |                    |      |                                      |   |  |                        |
| Nutrition                                     |                    |      |                                      |   |  |                        |
| Occupational Therapy/ Assessment              |                    |      |                                      |   |  |                        |
| Orientation and Mobility Services/ Assessment |                    |      |                                      |   |  |                        |
| Physical Therapy Services/Assessment          |                    |      |                                      |   |  |                        |
| Psychological Evaluation                      |                    |      |                                      |   |  |                        |
| Skilled Nursing Services                      |                    |      |                                      |   |  |                        |
| Speech-Language Pathology Services/Assessment |                    |      |                                      |   |  |                        |
| Special Education Transportation Services     |                    |      |                                      |   |  |                        |

Last Revised: 04/30/2021